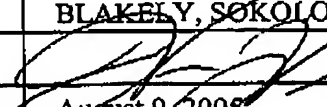


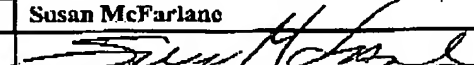
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/034,699
		Filing Date	December 27, 2001
		First Named Inventor	James C. Matayabas, Jr.
		Art Unit	1714
		Examiner Name	Edward J. Cain
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P10938X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 9, 2005

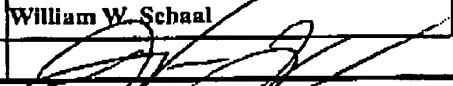
CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane	Date	August 9, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	10/034,699	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 27, 2001	
		First Named Inventor	James C. Matayabas, Jr.	
		Examiner Name	Edward J. Cain	
		Art Unit	1714	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	42390P10938X

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																	
1. EXTRA CLAIM FEES																																																																																																																	
Total Claims <u>26</u> - 30* = <u>0</u> x <u>50.00</u> = <u>\$0.00</u> Independent Claims <u>5</u> - 5* = <u>0</u> x <u>200.00</u> = <u>\$0.00</u> Multiple Dependent	Extra Claims Fee from below Fee Paid <u>0</u> x <u>50.00</u> = <u>\$0.00</u> <u>0</u> x <u>200.00</u> = <u>\$0.00</u>																																																																																																																
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204	300	2204	150	**Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	**or number previously paid, if greater. For Reissues, see below SUBTOTAL (1) (\$) <u>0.00</u>																																																																														
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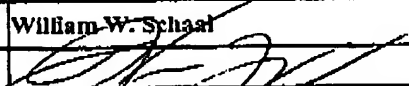
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	08/09/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/13/2004.
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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete If Known	
		Application Number	10/034,699
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 27, 2001
		First Named Inventor	James C. Malayabas, Jr.
		Examiner Name	Edward J. Cain
TOTAL AMOUNT OF PAYMENT		Art Unit	1714
(\$)		Attorney Docket No.	42390P10938X
0.00			

METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman L.L.P.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION				
1. EXTRA CLAIM FEES				
Total Claims	28	30*	0	50.00
Independent Claims	5	5*	0	200.00
Multiple Dependent				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid
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1201	200	2201	100	
1203	380	2203	180	
1204	300	2204	150	
1205	300	2205	160	
SUBTOTAL (1)				0.00
<small>*for number previously paid, if greater, For Reissues, see below</small>				
2. ADDITIONAL FEES				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid
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1052	50	2052	25	
2053	130	2053	130	
1251	120	2251	60	
1252	450	2252	225	
1253	1,020	2253	510	
1254	1,500	2254	795	
1255	2,160	2255	1,080	
1401	500	2401	250	
1402	600	2402	250	
1403	1,000	2403	500	
1451		2451		
1460	130	2460	130	
1407	50	1807	50	
1808	180	1008	180	
1809	720	1809	390	
1810	790	2810	395	
Other fee (specify)				
SUBTOTAL (2)				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaaf	Registration No.	39,018
Signature		Telephone	(714) 557-3800
		Date	08/09/05

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).
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Appl. No. 10/034,699
Amdt. Dated 08/09/2005
Supplemental Amendment

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/034,699
Applicant : James C. Matayabas, Jr.
Filed : 12/27/2001
TC/A.U. : 1714
Examiner : Edward J. Cain

Confirmation No. 2487

Docket No. : 42P10938X
Customer No. : 8791

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.